



St Michael's Collegiate
ESTABLISHED 1960

CASUAL BOARDING APPLICATION

Students Name:

Age:

Mentor/Pastoral Contact:

Grade:

Parent/Guardian:

Address:

Mobile:

Home Ph:

Email:

Emergency Contact (if parent/guardian is unable to be contacted):

Name:

Relationship:

Address:

Mobile:

AH:

Bus:

Dates for Casual Boarding:

In:

Out:

The schools medical information and emergency contacts for my daughter is current: YES NO

Dietary requirements for my daughter are:

Additional information; medical/behavioural/other you may require is:

Please attach additional paper if required

I give my daughter permission to leave the Boarding House in accordance with leave guidelines as stated in the boarding handbook: YES NO

I give permission for my daughter to attend the following extracurricular activities:

Day	Activity	Times	Place	Transport
Mon				
Tue				
Wed				
Thu				
Fri				
Sat				
Sun				

I acknowledge that it is my responsibility to inform the Boarding House of any changes to the above information.

I acknowledge that I am responsible for the payment of any cab charges used by my daughter during her stay

I acknowledge that I am responsible for the payment of casual boarding fees and that if I withdraw from the dates booked without 48hrs notice I will incur a charge equal to one nights boarding.

I acknowledge that the Boarding House is within their rights to disallow any leave, where suitable arrangements have not been made.

Parent/Guardian Name:

Signature:

Date:
